Aga Khan Program for Islamic Architecture
at Harvard University

AKPIA Postdoctoral Associateship Program for Historical Research in Islamic Art and Architecture

The deadline for 2015–2016 Postdoctoral Associateship applications is March 10, 2015. Results are announced by mid-May, 2015.

- The Selection Committee will **not** consider applications received after the deadline.
- The Selection Committee will **not** consider incomplete applications.
- Materials sent by email or by fax will **not** be accepted; all materials must be submitted in **hard copy** to:

Aga Khan Program for Islamic Architecture
Harvard University
Attn: AKPIA Associateship Program
485 Broadway, Sackler 412
Cambridge, MA 02138, USA

- Associateships support **historical research** in art and architectural history and archaeology.
- Housing is **not** provided; Associates are responsible for finding their own housing.
- Applicants **must** be fluent in English, and non-native speakers may be asked for a Skype interview.

Applicant

Applicant's Legal Name (*Enter name **exactly** as it appears on official documents.*)

_____ _____ _____ _____
Title *First/Given Name* *Middle Name* *Surname/Family Name*

Permanent Home Address

_____ _____
Number & Street *Apartment/Suite*

_____ _____
City/Town *State/County/Province*

_____ _____
Country *ZIP/PostalCode*

Current Mailing Address (*If different than permanent home address, provide the address for all correspondence.*)

_____ _____
Number & Street *Apartment/Suite*

_____ _____
City/Town *State/County/Province*

_____ _____
Country *ZIP/PostalCode*

Telephone _____ _____ _____ _____
Include country codes & codes *Include country codes & codes*

Email Address _____

Preferred Method of Communication _____

Current Position in Home Country _____

Proposal

The duration of AKPIA Associateships are usually a minimum of three (3) months, and a maximum of twelve (12) months, ordinarily between September and May; minimum may be negotiable. Residency **is** required.

Harvard University's fall semester runs from September through mid-December, and the spring semester runs from late January through mid-May. Before completing this section, consult the University's academic calendar to review all relevant dates: www.registrar.fas.harvard.edu/calendar/five-year-calendar

Research Topic Title _____

Requested Dates of Stay from _____ *dd-mm-yyyy* to _____ *dd-mm-yyyy*

Harvard Affiliation

Have you previously had a Harvard University affiliation?

☐ No.

☐ Yes, from _____ *month & year* to _____ *month & year*

If yes, specify:

Department or Program _____

Position, Title, or Degree Earned _____

Your Harvard ID number _____

Recommendations

Confidential letters of recommendation are required from **two** professionals who are familiar with and can comment on your research. Letters sent by email will **not** be accepted.

☐ The letters of recommendation will be mailed **directly** (separately) to the AKPIA office by my recommenders.

☐ The letters of recommendation are enclosed with my other application materials in their original, **sealed** envelopes signed by the letter-writer across the back (to ensure the confidentiality of the letters).

1. _____ *Recommender's Name* _____ *Institution Name*

2. _____ *Recommender's Name* _____ *Institution Name*

Demographics

This section is optional. No information you provide will be used in a discriminatory manner. Information will only be used to begin the appointment process for applicants who are offered Associateship appointments.

Date of Birth _____ *dd-mm-yyyy*

US Social Security Number (SSN) ☐ is _____ ☐ I do **not** have an SSN.

Gender:
☐ male
☐ female

Citizenship/I-9 Status:
☐ US Citizen
☐ Alien, Permanent
☐ Alien, Temporary
☐ None of the above

Marital Status:
☐ single
☐ married
☐ divorced
☐ separated
☐ widowed

Applicant's City of Birth _____

Country of Birth _____

Country of Permanent Residence _____

Country of Citizenship _____

Education

Undergraduate Degree (Undergraduate transcript **not** required with application.)

University/Institution	*City/Country*	*Degree earned*	*month & year*

One **official transcript** must be mailed from **each** institution at which you have pursued graduate and postgraduate studies. Photocopied transcripts will **not** be accepted.

☐ The official transcripts will be mailed **directly** to the AKPIA office by the following institution(s).

☐ Official transcripts are enclosed with all other application materials in their original, **sealed** envelopes.

University/Institution	*City/Country*	*Degree earned*	*month & year*
University/Institution	*City/Country*	*Degree earned*	*month & year*
University/Institution	*City/Country*	*Degree earned*	*month & year*
University/Institution	*City/Country*	*Degree earned*	*month & year*
University/Institution	*City/Country*	*Degree earned*	*month & year*
University/Institution	*City/Country*	*Degree earned*	*month & year*

Applicant Surname

Application Materials Checklist

Two copies of **each** of the following must be submitted together:

a)	Application coversheet *(this document)*	☐	(*2 copies*)
b)	Research proposal, including research timeline and–if applicable–a detailed budget	☐	(*2 copies*)
c)	Curriculum vitae	☐	(*2 copies*)
d)	Recent research publication *(writing sample)*	☐	(*2 copies*)
e)	A second research publication	☐	(*2 copies*)

In addition, the following are required:

f)	Transcripts	☐	(*1 per institution*)
g)	Recommendation letters	☐	(*1 per recommender*)

Send all application materials to:

Aga Khan Program for Islamic Architecture
Harvard University
Attn: AKPIA Associate Program
485 Broadway, Sackler 412
Cambridge, MA 02138, USA

General Information

Please visit the website of the Aga Khan Program for Islamic Architecture at Harvard University for information about Associateships, research topics of past Fellows and Associates, related academic programs, and publications: http://agakhan.fas.harvard.edu/

Certification

I certify that the information contained in this application and in all supporting materials is true and correct and that no attempt has been made to conceal pertinent information. I agree that the Program and the University have my permission to verify it. I understand that any false, incomplete, or withheld information renders this application void and may be grounds for withdrawal or termination of an Associateship position if discovered after an offer has been made. I understand that if my application is received late or is incomplete, it will not be considered.

I understand that my application materials will not be returned to me. I further understand that the letters of recommendation are confidential, and I will not be permitted to read them.

If accepted, finding housing is my own responsibility as the Program does not provide housing or rental assistance. My signature below acknowledges that, if accepted as an Associate, I will adhere to all Program and University policies.

Applicant Signature _____ Date _____
dd-mm-yyyy